

# Monkeypox Case Investigation Form Instructions

The case investigation form should be completed by the case investigator or interviewer. The case investigator/interviewer should send the forms to the State designee for monkeypox activities.

The purpose of *Form 1: Monkeypox Case Investigation Form* is to record information on a case of monkeypox that is under investigation. **Circled fields indicate the minimum required fields. Every attempt should be made to complete the circled items.**

Forms should be faxed to CDC at **404-639-3998**. Further follow up may be necessary by phone or fax.

## General

1. **State:** Write 2-letter code for state reporting case.
2. **State or Local ID #:** Write the unique identification code for the case as assigned by State.
3. **CDC MPox Unique ID #:** This field will be assigned by CDC and the number will be shared with the state for further linkages within the database.
4. **Date reported to CDC:** Write the date (MM DD YYYY) this case was reported to CDC. For cases that have been reported previously to CDC using a different format (e.g., line list, telephone notification) record the date of initial contact with CDC and NOT the date the form is completed.
5. **Case name:** Write the last name, first name, middle name or initial, suffix, and nickname or alias (if any) of the case.
6. **Address:** Write the street number and apartment number, the city, county, state, and zip code of the residence of the case. (Post office boxes are not acceptable).

## Case Information

7. **Date of birth:** Write the date of birth (MM DD YYYY) of the case.
8. **Age:** Write the age of the case.
9. **Age unit:** Check the appropriate box of the age unit of the case: Years, Months, or Days.
10. **Gender:** Check the appropriate box for the gender of the case, either male or female.
11. **Ethnicity:** Check the appropriate box for the ethnicity of the case, either Hispanic or non-Hispanic.
12. **Race:** Check all the boxes that apply for the race of the case.
13. **Occupation:** Write the occupation of the case.
  - 13a. **Occupation N/A:** Check when occupation is not applicable (e.g., child or not working).
14. **Source of exposure:** Check all the boxes that apply for the source of exposure.
  - a. If **Animal, Other:** Specify any other animal not listed above.

- b. **If Symptomatic person: Specify relationship** write if the source was:
    - i. a household member (e.g., wife, husband, child, grandparent living in the household), or
    - ii. a non-household contact (e.g., friend, neighbor, person working in house, work colleague, health care worker who cared for a patient with monkeypox).
  - c. **If Other Exposure Source: Specify** other possible source of exposure, not listed above.
- 15. Date of first exposure:** Write the date (MM DD YYYY) the case was first exposed to the source.
- 16. Date of last exposure:** Write the date (MM DD YYYY) the case was last exposed to the source.
- 17. If animal, status of the animal at time of exposure:** Check the appropriate box to indicate what the status of the animal was at the time of exposure to the case (alive and well, alive and ill, dead, unknown).
  - 17a. If ill animal: Date of animal illness onset:** Write the date (MM DD YYYY) the animal became ill (e.g., date of first symptom).
  - 17b. Is live animal or carcass available for testing:** Check if the live animal (either well or ill), or carcass are available for testing (Yes, No, Unknown)
- 18. If animal, where was it purchased:** Write the specific location (name of the store/individual owner/swap meet), the city and state where the animal was purchased.
- 19. If animal, type of exposure to animal:** Check all appropriate boxes to indicate the type of exposure to animal (bite, petting/handling or other). If other, specify the other type of exposure not listed above.
- 20. If human, type of exposure:** Check all appropriate boxes to indicate the type of exposure to human (skin-to-skin contact, contact at a distance of 6 feet or less for at least 3 hours, contact with respiratory secretions, other). If other, specify the other type of exposure not listed above.
- 21. Exposure setting:** Check all the appropriate boxes of where the case believes he/she may have been exposed.
  - 21a. If other, specify** the other setting not listed above where the case believes he/she may have been exposed.
  - 21b. Where did exposure occur:** Write the specific location (name of the setting), the city and state where the exposure occurred.

### **Reporting Source and Information**

- 22. Date of report to state or local public health:** Write the date (MM DD YYYY) the case was first reported to state, local or other public health department.
- 23. Reported by:** Write the name of the individual or institution that reported the case.
- 24. Reporter phone number:** Write the phone number of the person or institution who reported the case.

- 25. Reporter address:** Write the contact information of the reporter. (If not State Health Department).
- 26. State health department notified:** Check the appropriate box to indicate if the state health department was notified (Yes, No, Unknown).
- 27. Form completed by:** Write the last name, first name, and middle name or initial of the individual who is conducting the case interview.
- 28. Affiliation:** Write the name of the institution where the person who is conducting the interview works.
- 29. Date form completed:** Write the date of the interview with the case or other individual who provided information about the case (MM DD YYYY).

### **Transfusion and Donation History**

**Note: If case patient has donated or received blood in 28 days before onset of symptoms, contact Division of Viral and Rickettsial Diseases, Assistant Director for Blood Safety, CDC (404-639-2775 or 404-639-4350) immediately for further followup instructions.**

- 30. Donated blood plasma 28 days or less before symptom onset:** Check the appropriate box to indicate if the case donated blood or blood product(s) 28 days or less before symptom onset (Yes, No, Unknown).
- 30a. If Yes, specific location and date:** Write the specific location (name of collection agency, city and state) and the date (MM DD YYYY) when the case donated blood or blood product(s).
- 31. Received blood or blood product(s) 28 days or less before symptom onset:** Check the appropriate box to indicate if the case received blood or blood product(s) 28 days or less before symptom onset (Yes, No, Unknown).
- 31a. If Yes, specific location and date:** Write the specific location (name of institution, city and state) and the date (MM DD YYYY) when the case received blood or blood product(s).

### **Current Illness**

- 32. Has the case had a fever as part of this illness:** Check the appropriate box to indicate if the case had a fever as part of this illness including prior to rash onset (Yes, measured with thermometer; Yes, not measured with thermometer; No; Unknown).
- 32a. If Yes, date of fever onset:** Write the date of fever onset (MM DD YYYY) of the case.
- 32b. Has the case had a measured temperature  $\geq 99.3^{\circ}\text{F}$  ( $37.4^{\circ}\text{C}$ ):** Check the appropriate box to indicate if the case had a measured temperature  $\geq 99.3^{\circ}\text{F}$  ( $37.4^{\circ}\text{C}$ ) as part of this illness including prior to rash onset (Yes, No, Unknown).
- 32c. If Yes, highest temperature:** Write the highest temperature measured, either in Fahrenheit or in Celsius.
- 33. Has the case had a rash:** Check the appropriate box to indicate if the case had a rash as part of this illness (Yes, No, Unknown).

**33a. If Yes, date of rash onset:** Write the date of rash onset (MM DD YYYY) of the case.

**33b. If Yes, type of rash:** Check the appropriate boxes for all types of rash listed below (Yes, No, Unknown).

Macular: flat, red spots

Papular: red, raised bumps

Vesicular: fluid-filled blisters

Pustular: cloudy, pus-filled blisters

Umbilicated: dimpled pustules

Drying: flattening pustules

Scabbing

Hemorrhagic: black fluid in the blisters, similar to clotted blood

**33c. If other, specify:** specify other type of rash or the predominant type of lesions.

**33d. If rash, number of lesions at date of case report:** Check the box that best describe the number of lesions at date of case report (<25, 25-99, 100-499, >= 500).

**33e. If rash, number of lesions at height of illness:** Check the box that best describe the number of lesions at height of illness (<25, 25-99, 100-499, >= 500).

**34. What other symptoms were present:** Check the appropriate boxes for all symptoms listed below to indicate if the case had them as part of this illness (Yes, No, Unknown). **CXR = Chest X Ray.**

**34a. Other:** Check if the patient had symptom(s) other than those indicated above (e.g., abdominal pain, delirium)

**34b. Specify:** Write other symptom(s)

**35. What was the first symptom noted:** Write the first symptom noted by the case as part of this illness.

**35a. Date of first symptom onset:** Write the date (MM DD YYYY) when the case noted the first symptom.

### **Clinical Course and Outcome**

**36. Date of initial evaluation:** Write the date (MM DD YYYY) when the patient was first evaluated in a clinic/emergency department.

**36a. Place of evaluation:** Write the name and location of the clinic/emergency department (city, state).

**36b. Name of clinician:** Write the name of the clinician who evaluated the case.

**37. Case admitted to hospital:** Check the appropriate box to indicate if the case was admitted to a hospital. (Yes, No, Unknown)

**37a. If Yes, reason for hospitalization:** Check the appropriate box to indicate the reason for hospitalization (severity of illness, isolation/observation, social [e.g., unable to be supervised at home, to care for him/herself], complication, other).

**38. Did the case develop any complications:** Check the appropriate box to indicate if the case developed medical complications (Yes, No, Unknown).

**38a. If Yes, check all that apply:** Check the appropriate boxes to indicate what complications the case developed.

**39. Did the case die from monkeypox illness or any monkeypox complications?** Check the appropriate box to indicate if the case died from monkeypox illness or complications (Yes, No, Unknown).

**39a. If Yes, date of death:** Write the date of death of the case (MM DD YYYY).

#### **LRN Non-Variola Orthopox Testing**

**40. Laboratory Response Network PCR test for non-variola orthopox:** Check the appropriate box to indicate if PCR testing for non-variola orthopox was performed in a Laboratory Response Network Lab (Yes, No, Unknown).

**40a. If Yes, laboratory results:** Check the appropriate box to indicate what the laboratory results were (Positive, Negative, Pending).

**40b. If Yes, date of lab results:** Write the date (MM DD YYYY) when lab results were obtained.

#### **State Case Classification**

**41. What is the state case classification:** Check the appropriate box to indicate the classification assigned by the reporting state. *Note: a person of interest is a person under suspicion for exposure or disease who does not meet the other case classifications and for whom more information is being collected.*

#### **Vaccination and Medical History**

**42. Smallpox vaccination ever:** Check the appropriate box to indicate if the case has a history of smallpox vaccinations (Yes, No, Unknown).

**42a. If Yes,** indicate number of doses: “One” or “More than one.” *Note: Routine childhood smallpox vaccinations stopped in the United States in 1972; however, not everyone born prior to 1972 would have received vaccination in the U.S. Health-care workers were vaccinated until the late 1970s, and new military recruits not previously vaccinated were vaccinated until 1990. Smallpox vaccination was resumed for military personnel and selected health care workers in 2002 and 2003, respectively.*

**42b. If Yes, date of last vaccination:** write the date (MM DD YYYY) when the case was last vaccinated.

**43. If date unknown, Year of last dose:** Write the year (YYYY) at time of last vaccination or the age of last vaccination.

**43a. Ten or more years since vaccination:** If date of last smallpox vaccination or age are unknown/uncertain, indicate if ten or more years have passed since vaccination (Yes, No, Unknown).

**44. Smallpox vaccination scar present:** Check the appropriate box to indicate if the case has a smallpox vaccination scar. (Yes, No, Unknown) *Note: In general, smallpox vaccinations were given in the deltoid region of the upper arm, usually on the left. This scar may be confused with BCG scars in persons who immigrated to the United States from other countries.*

- 45. Vaccine “take” recorded at 7 days (6-8 days):** Check the appropriate box to indicate if the case recalls if a smallpox vaccination “take” was read or recorded. (Yes, No, Unknown).
- 45a. If Yes, result:** check the appropriate box to indicate what the result of the “take” was (major or equivocal). *Note: A “major reaction” or take is described as an area of definite induration or congestion surrounding a central lesion that may be a scab or ulcer 6-8 days after vaccination. An “equivocal reaction” or non-take is described as any other reaction or response, or lack of response. Mark unknown if the vaccinee knows the take was read, but is unsure of the outcome.*
- 46. If exposed and not vaccinated, give reason:** Check the appropriate box to indicate the reason the case was not vaccinated if he/she was exposed to an animal or human case.
- 47. If female, pregnant:** Check the appropriate box to indicate if the female case is pregnant (Yes, No, Unknown).
- 47a. If Yes, number of weeks:** Write of the number of weeks of the pregnancy.
- 48. Pre-existing immunocompromising medical conditions (i.e., leukemia, other cancers, HIV/AIDS):** Check the appropriate box to indicate if the case has a pre-existing or a history of an immunocompromising medical condition (Yes, No, Unknown). *Do not indicate which medical condition.*
- 49. History of varicella:** Check the appropriate box to indicate if the case or his/her parents recall if the case has a history of varicella (Yes, No, Unknown).
- 49a. If Yes, year of varicella:** Write the year (YYYY) at time of varicella disease (chickenpox) or the **age** when the case had varicella.
- 50. History of varicella vaccination:** Check the appropriate box to indicate if the case or his/her parents recall if the case has a history of varicella vaccination (Yes, No, Unknown). *Note: The varicella vaccine has been available in the United States since 1995. Persons 12 months to 12 years receive one dose of vaccine. Persons 13 years of age and older receive two doses of vaccine, 4 to 8 weeks apart.*
- 50a. If Yes, date of vaccination/1<sup>st</sup> dose:** Write date of vaccination (MM DD YYYY). If entire date is not known, enter year (YYYY).
- 50b. If Yes, date of 2<sup>nd</sup> dose:** Write date of 2<sup>nd</sup> vaccination (MM DD YYYY). If entire date is not known, enter year (YYYY).
- 51. During the past month, any prescribed immunocompromising or immunomodulating medications including steroids:** Check the appropriate box to indicate if the case has taken any immunocompromising or immunodulating medications (Yes, No, Unknown).